(vi) The Ministries/Departments dealing with social and development subjects should reinforce the population ipolicy, and be given specific responsibilities to promote the Programme in appropriate ways.

(vii) A population Board of Commission should be set up to ensure effectvie coordination and implementation of the population control efforts.

Tile Action Plan evolved by the Ministry of Health and Family Welfare in consultation with the StatesIUTs Administration already incorporates most of the suggestions/observations referred to above. Population Control has also been included as one of the six major objectives of the 8th Five Year Plan. A Committee of the National Development Council has been set up to identify intervention. strategics for population control', bath at micro and macro levels, on a holistic and inter-sectroal basis; to outline policies and programme for raising the social status of women and bridging the gender gap in literacy and health care, and to make appropriate recommendations for formulation of a National Population Policy.

Suggestions of AIDS Congress

3858. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the reported deliberation of the AIDS Congress held in Amsterdam in July, 1992; \

(b) what main observations and suggestions were made therein regarding suspected spread of AIDS in India; and

(c) what is Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) to (c) Yes, Madam. The delegates participating in the World AIDS Congress at Amsterdam discussed a number of AIDS related subjects. These included the following:

(a) Causative factors of HIV infections including strain characteristics and different types of virus related to mode of transmission;

(h) Commitment for vaccine production, selection of sites for vaccine trails especially in developing countries and technically advanced countries;

(c) Rational and effective use of available drugs either alone or in combination;

(d) Causative correlation between Tuberculosis and AIDS and the need to ensure early diagnosis and effective treatment of tuberculosis patients;

(e) Epidemiological aspects of HIV infection and -AIDS;

(f) The need to develop simpler testis, especially for testing saliva and urine.

The Conference also expressed an apprehension that the developing countries like India were likely to be badly effected during the coming years.

The Government is avtfare of the gravity of situation and there are no efforts to under play the potential danger; The National Programme for Control and Prevention of AIDS has been drawn up to) tackle the problem in a phased and. coordinated manner.

Disparities in the pay Scale of, Junior Doctors of C.GIH.S.

3859. SHRI CHATURANAN MISHRA:

SHRI N. E. BALARAM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there axe disparities in the grades and pay scales of the junior doctors of Central Council

tor Research in Homoeopathy (CCRH) and the junior doctors of other Central Government Healh Services;

(b) Government have received any representation from the Central Council for Research in Homopeopathy and from the Junior Doctors' Association on the 3rd April, 1991 in thr regard; and

(c) if so, what are tha details thereof and what remedial action is taken/pro-. posed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): fa) to (c) All doctors now with a minimum qualification of a degree (5]-years) irrespective of the system of medicine are recruited ;it group "A' level. A representation was received in April, 1992, from a body describing itself as Junior Doctors' Association of the Central Council for Research in Homoeopathy regarding 'dis-parities' in emoluments and other allowances as compared to doctors in other Central Government Organisations. For the Research Assistants who are members of the above body, the prescribed minimum qualification is less than degree and, thereofre. these posts cannot be compared with the group 'A' doctors. Differences are inevitable amongs the services and posts requiring different pro-fessional qualificaition and experience.

Charging of money by Govt, Hospitals

3860. SHRI SURESH KALMADI: Will the Minister of HEALTH AND FAMILY WELFARE he pleased to state:

(a) whether ft is a /act that Government have formulated a policy for not setting up of any more Hospitals u:i'e.-s it was absolutely necessary and also for charging some money for providing medical facilities from the existing Government Hospitals;

(b) if so. what are the reasons therefor; and

(c) what are the details for charging money by Government Hospitals for providing medical facilities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA), (a) to (c) The establishment of hospitals is undertaken by the State Governments in keeping with their priorities and overall availability of resources. The Delhi Administration has a programme of setting up a number of 100 badded and 500 bedded Hospitals in the peripheral areas of the Capital. Major hospitals in Delhi charge fees for certain specialised investigations/procedures like CAT Scanning, EFG, TMT and Echo-Caddiogra-phy etc. in order to compensate for the recurring :md non-recurring cost of running the equipments. However, poor patients are granted partial or full exemption from payment of charges, depending upon the merits of each case.

Sale of Human Organs

3851. SHRI VIREN J. SHAH:
SHRI PRAMOD MAHAJAN:
SHRI SATISH PRADHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item which appeared in the Lndian Editress of 25 July. 1992 ulnder the caption Indian Blood Donors switch to organ sales";

(b) whether it is a fact that the pro-fessional blood donors in India have appeared in the Indian Exnress of 25th kidneys and eyes etc. for a living;

(c) whether it is also a fact that the major private hospitals and reputed doctors in Bombay and other part* of the country are involved in the kidnev rackets:

(d) if so. what are the details in this regard;